

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **846310** (1)
1. Corporation Name
UNITED BENEFIT LIFE INSURANCE COMPANY

Principal Place of Business
**3909 HULEN ST
FT WORTH TX 76107**

Mailing Address
**3909 HULEN ST
FT WORTH TX 76107**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-2305400	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

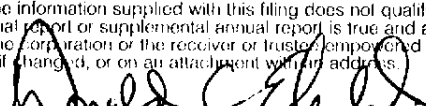
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	Vice Pres., Controller & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, BILLY L	1.2 NAME	Donald C. Ehrlich
STREET ADDRESS	3909 HULEN ST	1.3 STREET ADDRESS	3909 Hulen Street
CITY-ST-ZIP	FT WORTH TX	1.4 CITY-ST-ZIP	Ft. Worth, TX 76107
TITLE	C	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERRILL, ROBERT H	2.2 NAME	Joseph E. Manzello
STREET ADDRESS	3909 HULEN ST	2.3 STREET ADDRESS	3909 Hulen Street
CITY-ST-ZIP	FT WORTH TX	2.4 CITY-ST-ZIP	Ft. Worth, TX 76107
TITLE	VPT	3.1 TITLE	Vice President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, BILLY L.	3.2 NAME	Tomi S. Godbee
STREET ADDRESS	3909 HULEN ST.	3.3 STREET ADDRESS	3909 Hulen Street
CITY-ST-ZIP	FT WORTH TX	3.4 CITY-ST-ZIP	Ft. Worth, TX 76107
TITLE	VPT	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, BROOKE J	4.2 NAME	John Higbee
STREET ADDRESS	3909 HULEN STREET	4.3 STREET ADDRESS	3909 Hulen Street
CITY-ST-ZIP	FT WORTH TX	4.4 CITY-ST-ZIP	Ft. Worth, TX 76107
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, JOHN P.	5.2 NAME	
STREET ADDRESS	3909 HULEN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, SAMUEL A.L. JR	6.2 NAME	
STREET ADDRESS	5107 WOODFIELD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE



Donald C. Ehrlich

(913) 720-9657

CR2E034 (10/97)